

**Application for Journey Plumber Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Plumbing Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9330

**Examination Fee: \$50.00 (Nonrefundable)**

Authority: 2002 PA 733 Completion: Necessary For Exam Consideration Penalty: Examination Will Not Be Given	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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**Instructions** - Applicant shall be at least 18 years of age and have 6,000 hours experience over a period of not less than 3 years. The experience shall be under the supervision of a master plumber. **Applicant shall be a current registered Michigan apprentice under 2002 PA 733.**

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (all pages must be submitted) and fee to above address.

**Applicant Information**

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER*
HOME ADDRESS		DATE OF BIRTH
CITY		COUNTY
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan journey plumber examination?	Yes	No
2. Are you now licensed as a journey plumber in another state or country?	Yes	No
Journey Plumber License No. _____ State/Country _____		
3. Are you registered as an apprentice with the State of Michigan?	Yes	No
Apprentice No. <u>83</u> -_____		

**Examination Preference**

Examinations are conducted in March, June, September, and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.	
<u>Preferred Date</u>  No Preference - Next Available Examination	
If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.	

**Apprenticeship School**

1. Have you attended a joint apprenticeship school?	Yes (Complete information below)	No
NAME OF SCHOOL	CITY/STATE	
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) FROM: _____ TO: _____	
2. Have you attended other plumbing schools (Military, Adult Education, Etc.)?	Yes (Complete information below)	No
NAME OF SCHOOL	CITY/STATE	
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) FROM: _____ TO: _____	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Education**

HIGH SCHOOL		COLLEGE / UNIVERSITY	
CITY / STATE		CITY / STATE	
HIGHEST GRADE COMPLETED	DATE GRADUATED	MAJOR	DATE GRADUATED

**Background Information**

Have you been convicted of a felony or misdemeanor?	Yes	No
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.		

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach addition sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURTS	
CHECK <b>YES</b> OR <b>NO</b> TO THE FOLLOWING	
1. Are you a current inmate?	Yes No
2. Are you currently on probation / parole?	Yes No
If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes and Fire Safety to contact appropriate agencies regarding my record of conviction(s).	
SIGNATURE	DATE

### Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc.) please explain.

### Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

### Out-of-State/Country Experience

A person **who is licensed** as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the State of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

### Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY)	
			FROM: TO:	
CITY	STATE	ZIP	WORK SCHEDULE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NUMBER OF HOURS WORKED/WEEK
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK _____ _____ _____ _____				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER			SUBSCRIBED AND SWORN BEFORE ME, _____	
			THIS _____ DAY OF _____, 19 _____.	
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN  (Signature) NOTARY PUBLIC MY COMMISSION EXPIRES: _____	

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY)	
			FROM: TO:	
CITY	STATE	ZIP	WORK SCHEDULE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NUMBER OF HOURS WORKED/WEEK
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK _____ _____ _____ _____				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER  LICENSE NUMBER			SUBSCRIBED AND SWORN BEFORE ME, _____ THIS _____ DAY OF _____, 19_____, A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN  _____ (Signature) NOTARY PUBLIC MY COMMISSION EXPIRES: _____	

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY)	
			FROM: TO:	
CITY	STATE	ZIP	WORK SCHEDULE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NUMBER OF HOURS WORKED/WEEK
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK _____ _____ _____ _____				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER  LICENSE NUMBER			SUBSCRIBED AND SWORN BEFORE ME, _____ THIS _____ DAY OF _____, 19_____, A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN  _____ (Signature) NOTARY PUBLIC MY COMMISSION EXPIRES: _____	

**Certification and Signature (Must be completed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE	DATE